Y	et all three tests for	a spouse or dependent child because they meet all three tests for	amed" income, or liabilities of Committee on Ethics.	<b>EXEMPTION</b> – Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or dependent exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.
Yes No	Have you excluded	other "excepted trusts" need not be disclosed. F	ımittee on Ethics end certain ( pendent child?	TRUSTS — Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics end certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child?
3	E QUESTIONS	N - ANSWER <u>BOTH</u> OF THESE QUESTIONS	UST INFORMATIO	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -
	COMPLETE	THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE	LY THE SCHEDULES	THIS FORM INCLUDES ON
	7,9	CHEDULE IF YOU ANSWER "YES"	ATTACH THE CORRESPONDING SCHEDULE IF YOU	ATTACH THE C
Yee No	n \$5,000 from a r years?	J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	Yes No	D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?
Yes Mo	arrangement with an the currant celendar	F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the currant celendar year up through the date of filing?	Yes No	C. Did you or your spouse heve "earned" income (e.g., seleries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?
Yes No	g the reporting ugh the date of filing?	E. Did you hold any reportable positions during the reporting period or in the current calendar yeer up through the date of filing?	Yes No	A. Did you, your spouse, or your dependent child:  e. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or  b. Receive more then \$200 in unearmed income from any reportable esset during the reporting period?
		QUESTIONS		PRELIMINARY INFORMATION – ANSWER <u>EACH</u> OF THESE
A \$200 panaity shall ba aaeessed againet any Individual who filae more than 30 daya lata.	A \$200 panaity sha individual who fila	to	Staff Filer Type (If Applicable): Shered Principal Assistant	New Officer or Employee  Employing Office:
(Office Use Only)	M (Offi	Check if Amendment	12/8	New Member of or Candidete for State:  U.S. House of Representatives District:  Candidetes - Date of Election:
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LEGISLATIVE RESOURCE CENTER	LEGISLATIV	FORM B For New Members, Candidates, and New Employees		UNITED STATES HOUSE OF REPRESENTATIVES
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SCHEDULE A - ASSETS & "UNEARNED INCOME" Name: Page\_

) } }			BIOCKS	
Assets end/or Income Sources	Value of Asset	Type of Income	Amount of Income	
identify (a) each asset held for investment or production of income and with a feir market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or source of income which generated more than \$200 in "unearned income during the year.	Indicate velue of asset at close of the reporting period. If you use a valuation mathod other than fair merkat value, please specify the method used.  If an asset was sold during the reporting period and is included only because it generated income, the valua should be "None."		For assets for which you checked "Tax-Deferred" in Block C, you may check the "Nessets iodicate the category of income by checking the appropriate box below.  Check "None" if no income was earned or ganerated.  "Column XII is for assets held by your spouse or dependent child in which you have	one column. For all other Dividends, Interest, and and in taxable aug ounts.
Provide completa names of stocks and mutual funds (do not use only ticker symbols).	*Column M is for assets held by your spouse or dependant child in which you have no interest.	"None" if the asset generated no morns during the reporting period.		
For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.				
For bank and other cash accounts, total the amount in all interest-bearing accounts. If the total is over \$5,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts.	P B C C C C C C C C C C C C C C C C C C		I II III II II I I I I I I I I I I I I	× × ×
For rentel and other real property held for investment, provide a complete address or description, a.g., rental property, and a city and state.		me)		
For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its ectivities, and its geographic location in Block A.		me or Farm inco		
Exclude: Your personal residence, including second homes and vecation homes (unless there was rentel income during the reporting period); and any financial interest in, or income derived from, a federal retirement progrem, including the Thrift Savings Pien.		., Partnership Inco	10*	00.
If you have a privately-traded fund that is an Excepted investment Fund, pleasa check the "EIF" box.			\$1,000,000	\$1,000,00
If you so choose, you mey indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or jointly held with anyone (JT), in the optional column on the fer left.	5,000 50,000 \$250,000 \$500,000 \$1,000,000 11-\$5,000,000 11-\$25,000,000 01-\$50,000,000	T GAINS EO/BLIND TRUS ERRED	2,500 5,000 15,000 15,000 15,000 \$100,000 \$1,000,000 101-\$5,000,000 101-\$5,000,000 101-\$5,000 101-\$5,000 101-\$5,000 101-\$5,000 101-\$5,000 101-\$5,000 101-\$5,000 101-\$5,000	-\$1,000,000 01-\$5,000,000 000,000 OC Income over
For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.	\$1,000,00 \$5,000,00 \$25,000,0 Over \$50,	TAX-DEF	\$1,000,00 Over \$5,0	\$1,000,00 Over \$5,0
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Name: ERDEST! MARTIO

Page 3 of

## SCHEDULE C - EARNED INCOME

professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff.

INCOME LIMITS and PROHIBITED INCOME: Be advised that the income limit and prohibited income may apply to you after you are on House payroll. The 2016 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,495. The 2017 limit is \$27,765. In addition, certain types of income (notably honoraria, director's fees, end payments for

EXCLUDE: Military pay (such es Netional Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

Name: Eraks Page 4

List the source, type, and amount of earned income from eny source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For both the filer and filer's spouse, list the source and amount of any honoraria. List only the source for other spouse earned income exceeding \$1,000. See examples below. 잌

				HEI - STOCK/DILIDEROS	4707E CF /400011	Ke Kuce poso, LCC	Ensur Y. Marria, Atransel Arlas	Cong & Cowary or Horche	L	ABC Trade Association, Baltimore, MD (July 15)  State of Maryland	Contro (include date of lecelot for Horioralia)	Source (include date of receipt for honoraria)
				Sucuse	Express Garan	Socons	CARDES	Gocary	Spouse Speech Spouse Salary	Honoranum Salary	i y po	Type
				10 COLFERN	, 90,000	1.50,000	42500	472,000	N/A	\$0 \$20,000	Current Year to Filing	I. I
		9		10 CO-FERNO OFFERNSO	90,000	Loco	15,000	63,000	\$1,000 N/A	\$500 \$76,000	Preceding Year	Amount

#### SCHEDULE D - LIABILITIES

Name: Erdest Martin Page 5 of 6

Report liabilities of over \$10,000 owed to any one creditor et any time during the reporting period by you, your spouse, or your dependent child. Merk the highest emount owed during the reporting period. New Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you rent it out or ere a Member); loans secured by automobiles, household furniture, or appliences; flabilities of a business in which you own an interest (unless you are personally liable); and exceeded \$10,000. liabilities owed to you by a spouse or the child, parent, or eibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period \*Column K is for liebilities held solely by your spouse or dependent child.

							<b>\</b>	Amount of Liability	t of Li	ability				
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		MO/YR		\$10,001- \$15,000	\$15,001- \$50,000	\$50,001- \$100,000	\$100,001- \$250,000	\$250,001- \$500,000	\$500,001- \$1,000,000	\$1,000,001- \$5,000,000	\$5,000,001- \$25,000,000	\$25,000,001- \$50,000,000	Over \$50,000,	Over \$1,000,0 (Spouse/DC L
	Example First Bank of Wilmington, DE	5/98	Mortgage on Rental Property, Dower, OE				×							
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#### SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, as an officer, director, trustee of en organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of en honorary nature. New Members and second-year candidetee report positions held in the reporting period and the current calendar year. First-year candidates end new employees report positions held in the current calendar year end two previous years.

Position	Name of Organization
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Dienoer,	NATIONAL ASSO OF COURTIES / CASCAPENSATED
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### SCHEDULE F - AGREEMENTS

Name: 45787 Mark Page 앜

Identify the date, perties to, and general terms of any agreement or errangement that you have with respect to: future employment; a leave of absence duning the period of government service; continuetion or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. Date Parties to Agreement Terms of Agreement

# SCHEDULE J - COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule C.

Source (Name and City/State)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting Services
2/10	